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ABSTRACT

It is postulated that the standard framework for psychotherapy, a cooperative transference neurosis, does not validly carry over to the successful psychotherapy of a two-generation family group. In many disturbed families, the necessary and sufficient dynamics for change must be initiated, controlled, and augmented by a group dynamic power-play, precipitated by the psychotherapist. Indeed the therapist, or the therapeutic team, would be wise to regard the beginning of psychotherapy as a political process quite similar to that in the opening phase of a chess game. There is evidence that dominating the center of action, protecting the king at all costs, saving the all-powerful queen until mid-game, and positioning the group members to protect each other, are part of a valuable metaphor for understanding the success and failure of family psychotherapy. (Author/PC)

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Power Politics of Family Psychotherapy

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It is postulated that the standard paradigm for psychotherapy, a cooperative transference neurosis, does not validly carry over to the successful psychotherapy of a two generation family group. Just as the passive development of a transference neurosis does not function for the psychotherapy of the psychotic, so this model is not successful in the treatment of disturbed families. In the treatment of a psychotic individual a bilateral transference seems to emerge through a gradual intensive, interpersonal give and take, which is similar to that between the mother and the very young child. It is postulated that in many disturbed families the necessary and sufficient dynamics for change must be initiated, controlled and augmented by a group dynamic power-play, precipitated by the psychotherapist. Indeed, the therapist, or better still, the therapeutic team, will be wise to regard the beginning of psychotherapy as a political process quite similar to that in the opening phase of a chess game. There is evidence that dominating the center of action, protecting the king at all costs, saving the all-powerful queen until mid-game and positioning the group members to protect each other are part of a valuable metaphor for understanding the success and failure of family psychotherapy.

Establishing a Therapeutic Relationship

There are three central patterns for establishing a therapeutic relationship.

The neurotic pattern of transference neurosis described by Freud, for example:

> "Doctor, I'm so glad you could see me; I've been so upset. I've been married for five years and I just became convinced yesterday that somewhere inside of me I hate my husband and he's the man I loved so much and have lived with all these years. How can I hate him?"
>
> The patient comes with almost a free form transference; her own doubt is pushing her to dependency and the therapist is obviously her symbolic parent almost on first touch.

The schizophrenic patient:

> This patient does not establish an easy symbolic transference; his essential characteristic is to turn his back on people, to stay away from them and be suspicious of them. Conversation could go like this:

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Patient: Says no word for the entire hour.
Doctor: "I intend to come back to your room every day, just like I came yesterday and the day before and, whether you like it or not, I intend to stay a whole hour. By the way, you just missed me that time; if you really spit in my face, I'll probably spit right back in yours. And if you slap me, I'll pull your hair just like I did yesterday and I'll pound on your back anytime I want to, just like I did the day before. I thought that was good fun; I got some good exercise and I hope it made your muscles feel better. The way you sit there, silent like that all day long, just makes me want to push you around. Don't forget, if you slug me, I don't know what I'll do; I might turn you over my knee and paddle your behind, like I would any little three year old who took a slug at me. And if you kick me, I don't know; I might just turn you over and kick your behind. And I don't really know what I'll do if you kiss me. - - If you walk out on me, we're going to have a big problem; I probably won't let you go or I might start a fight with you so that you couldn't get out the door. And by the way, you don't snap your magic finger at me like that because if I snap mine back, it'll kill you just like that one killed me. And here I am, still alive."
Patient: Still says nothing.

Family psychotherapy is uniquely like the treatment of a psychotic it is not possible to depend upon the minimal transference that the family announce by virtue of their arrival and their social chit chat. Even an honest family history does not mean that the family care for you, trust you, or will respond to you and your efforts to help them change. They are much more like the psychotic patient; their unity is reinforced by excluding the rest of the world and they can exclude you in the same way or if need be they can incorporate you just as easily.

Don Jackson found that the homeostasis of the disturbed family is greatly increased over even the normal family and, therefore, it's necessary for the therapist to mobilize great power in order to bring about any change in this situation. We call this early phase the battle for structure. The therapeutic team must become the new rule-maker in a family dedicated to confusion or the family will undermine his efforts to help them change. The first rule the therapist should make is that there is a generation gap between him and the family. He can model for the parents how to take control of a situation and construct a model in relating to the parents so that the children will sense security of depending on a benign power.

Example 1: "Jim, you and I have taken on a big problem working with this family. Dad's such a work house, he's apt to get an ulcer. Mother has herself become a non-person in her devotion to the kids and the kids haven't any sense of their parents as people or really as parents other than as Mr. Pocketbook and Mrs. Cook. I'm also worried that things will get worse if we try to push them toward loving each other and being real persons."

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He also models for that system a generation gap struggle; that is, the struggle that goes on between the therapist and the family. He may also model for the parents via the cooperation that takes place in their experience of the relating between he and his co-therapist.

Not only must the therapist take control of the situation in the real sense of deciding who shall come to the interview and who shall initiate the family history, but he must also structure the situation so that he shall be free to change those rules at any time. That is, the second rule shall be, "I will decide how things will go during this therapeutic hour."

> Example 2: "Dad, will you change seats with Mary," and, "Mother, I'd like you to listen. I want to hear John's story about your fight with Dad last night."

The third rule is, "The family must carry the initiative for the therapeutic group process." That is, the family must be the ones to decide how they can tolerate exposing and involving themselves, how much anxiety they can tolerate, and what areas they dare expose in the early stages of treatment. Once this initiative has been accepted the therapist may participate, but should be careful not to weaken it.

> Example 3: "Here it is, the third conference and nobody has gotten the courage to start us off. I'll bet I can wait longer than you can, especially since I've not really learned to care enough about you to worry lest we fail and the family repeats the old pattern again and again."

The fourth rule is that each family member must take an equal share in the family anxiety. The therapist should not tolerate the scapegoat carrying all the anxiety. The scapegoat must be relieved of his abnormal burden and each family member must share equally the anxiety and pain. The best plan may be to aid the formation of a rotating scapegoat paradigm.

> Example 4: "We started with Mother's alcoholism. She gets one point for that. Now we've uncovered Dad's gruesome collecting disease, so he gets two points, John's revealed his school phobia and bared Henry's delinquency. Mary, do you plan to destroy yourself by being the family heroine and the nurse to every patient in the entire hospital?"

The fifth rule is that the family shall live their outside life in any way they like; only the therapeutic process will be under the control of the therapist.

> Example 5: "Should you get a divorce? I plan to stay married, so why don't you do what you want to."

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The sixth rule is that the therapist is free to separate himself at any time from the therapeutic anxiety and without any excuse.

> Example 6: "What do I think about what you were telling? I wasn't listening. I was having a fantasy about the genoa for my sailboat."

The sexenth rule is that the therapist is deliberately functioning to maximize the crisis and to augment the insecurity of the family group.

> Example 7: "Jim, if Mary tried to kill herself because she sensed you'd like her dead, do you suspect that if the gang of us help her, she might convert to trying to kill you?"

The therapist, of course, bears the responsibility for balancing the stress of this surgical move by the anesthesia of him own personal involvement and his personal caring about the family. But he must decide how much pain he is going to induce, how much bleeding he is going to create and he should not use a democratic process for mobilizing the family's anxiety to force them to change.

> Example 8: "Folks, this is Dr. X. Dr. X, I asked you here because I'm bored with this family. Dad insists all is fine. Mother can't get beyond her depression and the children all take the fifth amendment except Joe who almost succeeded in killing himself three weeks ago. Maybe they think he has bad genes. Help me learn to care for them so I can be tougher."

Perhaps the most painful experiences of my professional life are those times when the rigidity and solidity of the family leave me utterly impotent. Inside I vary from an impulse to scream in rage at their mistreatment of the scapegoat or a terrible sadness often joined with some somatic symptom or a flight into goal directed fantasy. One such family pushed me to dream up a people-sized disposal. Lately I've tried to develop the freedom to superimpose my emotionally loaded caring onto their shoulders. I try not to hide any of my despair and try to avoid at all costs that casual bedside manner support which leaves the family untouched and the therapist with a colder heart and less courage to care next time.

> Example 9: "Well, it's been a dismal hour. Your therapist has worked hard to help you change but to no avail. He even asked for this consultation to see if he was too blind or too feeble and failed you in that way. I'm convinced that I can't help either. It looks hopeless. I guess it'll just stay this way for ten more years. Maybe this is the best you can do and that's alright even though it is discouraging. I doubt if it will get worse and that's some consolation."

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The backlash from such an encounter may ruin my day or my digestion or my sleep. I hope it will also give them bad dreams or the conviction that they have an enemy. Declaring war against me may pull the country together and a united family can do anything. I've had several followup reports where this has been effective. I assume that often it doesn't work but it helps to maintain my integrity which I regard as the essential tool in my growth and perhaps the most important catalyst for their unification.